

eurocare

European Alcohol Policy Alliance



Annual Report
2016

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2016 – A YEAR FULL OF ACTION

The mission of the European Alcohol Policy Alliance is to promote policies to prevent and reduce alcohol related harm, through advocacy work. The message, in regard to alcohol consumption, is "less is better". In 2016 we managed to follow several parallel processes at the EU level, such as minimum unit price (MUP), transatlantic trade and investment partnership deal (TTIP), sponsorship in sports, the revision of the audio-visual media service directive (AVMSD) in the European Parliament and AVMSD Council working group.

The call for a renewal of the EU Alcohol Strategy is not totally lost. The Luxembourg Health Minister Ms Mutsch is continuously calling, latest in the 7th European Alcohol Policy Conference. In addition the Committee of the Regions, Committee for Natural Resources is delivering an Opinion on the "The need for and way towards an EU Strategy on alcohol-related issues". It is to be debated in the Plenary in 2017.

Scottish Health Action on Alcohol Problems (SHAAP) has been following closely Scotland's attempt to introduce Minimum Unit Price (MUP). MUP is back in the Supreme Court in the UK and we are hopeful for a positive outcome.

The 7th European Alcohol Policy Conference, 22-23 November was hosted by the Slovenian Government and co-organised by Eurocare. Theme for the meeting was Alcohol policy for sustainable development. Around 280 participants from civil society, public health experts and policy makers in 48 countries across the world met and spent two interesting days together.

The first Eurocare award to the best performing European country, region or civil society the EAAH 2016 - EUROPEAN AWARD FOR REDUCING ALCOHOL HARM was given to the Scottish government for their fight to prevent and reduce alcohol related harm.

We welcomed two new members; Turkish Alcohol Platform and Av og Til, Norway. Eurocare now have a total of 61 members from 24 countries. Claude Riviere, a longstanding member of the Eurocare Board has retired from ANPAA. His work and contribution is missed and difficult to replace.

We would like to thank all Eurocare members for good support in 2016 year!



Tiziana Codenottii
Mariann Skar
President



Secretary General

GOVERNANCE OF EUROCARE

The European Alcohol Policy Alliance met 21st November 2016 for the Annual General Meeting in Ljubljana, Slovenia. The planned meeting on the 26 and 27 May in Istanbul was cancelled due to few registrations to the meeting due to terrorist threats. The meeting in Ljubljana gathered 23 member organisations (five proxies), who decided on the priorities for the coming year.

EUROCARE BOARD MEMBERS

Representative	Position	Organisation	Country
Tiziana Codenotti	President	Eurocare Italia	Italy
Lauri Beekmann	Vice President	Estonian Temperance Union	Estonia
Sven-Olov Carlsson	Treasurer	IOGT NTO	Sweden
Stig Erik Sørheim	Board Member	Actis – Norwegian Policy Network on Alcohol and Drugs	Norway
Katherine Brown	Board Member	Institute of Alcohol Studies	United Kingdom
Marijs Geirnaert	Board Member	Vereniging voor Alcohol-en Andere Drugproblemen vzw (VAD)	Belgium
Peter Rice	Board Member	Scottish Health Action on Alcohol Problems (SHAAP)	United Kingdom
Kristiina Hannula	Board Member	EHYT Finnish Association for Substance Abuse Prevention	Finland
Claude Riviere (left spring 2016)	Board Member	Association Nationale de Prevention en Alcoologie et Addictologie (ANPAA)	France
Jan Peloza	Board Member	Alcohol Policy Youth Network (APYN)	International, Slovenia

Eurocare would like to thank Claude Riviere for his longstanding commitment to Eurocare. He will be missed. Claude Riviere have for years been supportive of the Secretariat and represented Eurocare at a number of occasions. Especially his work in the European Parliament must be highlighted.

EUROCARE SPECIAL ADVISERS

Eurocare General Assembly in 2014 appointed five Special Advisers to assist the Board and Secretariat

Representative	Organisation	Country
Savas Yilmaz	Turkish Green Crescent Society	Turkey
Krzysztof Brzozka	The State Agency for Prevention of Alcohol-Related Problems	Poland
Kristina Sperkova	IOGT International	International, Sweden
Maja Stojanovska	ACTIVE - Sobriety, Friendship and Peace	International, Sweden
Wilfred Kamphaussen	Independent	Luxembourg

NEW MEMBERS OF EUROCARE

Eurocare was happy to welcome Turkish Alcohol Platform and Av og Til, Norway as new members in 2016. With the two new members, the membership increased to a total of 61 member organisations from 24 European countries. See the end of the document for an overview of all Eurocare members.

STAFF OF EUROCARE

Eurocare has a secretariat which takes care of the day to day business of the organisation. Because of decreased funding in 2016, there was a decrease of staff resources. Eurocare would like to thank Sandra Tricas-Sauras for all her contributions over the years. It has been a pleasure working together and we are hoping for new opportunities in the future. Paulo Nunes de Moura also left Eurocare at the end of 2016. We would like to thank him for all his commitment and hard work, especially the organisation of the 7 European Alcohol Policy Conference. Eurocare is delighted to welcome back Aleksandra Kazcmarek who had a 1 year break.

Name	Position
Mariann Skar	Secretary General
Aleksandra Kaczmarek	Senior Policy Officer (returned 15.8)
Paulo Nunes de Moura	Policy officer (left end of 2016)
Sandra Tricas-Sauras	Associated Researcher (left May 2016)
Paul Lauwers	Accountant

EUROPEAN ALCOHOL POLICY CONFERENCE 2016



The European Alcohol Policy Alliance had the pleasure to organise and co-host together with the Slovenian Ministry of Health the 7th European Alcohol Policy Conference, 22nd and 23rd November 2016 in Ljubljana, Slovenia. The conference brought together around 280 participants from 45 countries, which ensured a broad representation of stakeholders concerned with alcohol related-harm. The theme for the conference was Alcohol Policy for Sustainable Development.

Participants were joined by the Health Ministers from Slovenia and Luxembourg. The Minister of Education and Sport from Slovenia, the Minister of Public Health from Ireland and the First Minister of Scotland contributed to the conference with video-statements. The European Committee of the Regions was represented by Ewa-May Karlsson who presented the Opinion on "The need for and way towards an EU Strategy on alcohol related issues". The Ministers and other high-level policy makers, as well as leading academics and key representatives of civil society have shown their firm commitment to evidence-based actions to prevent and reduce alcohol-related harm in Europe.

Messages from the Conference were clear:

- Alcohol consumption is one key impact factor on sustainable development. It negatively affects population health and wellbeing; it increases inequalities and poverty, and also reduces the chances of reaching other Sustainable Development Goals (SDGs).
- Inequalities in health and in the effects of alcohol are the result of the lack of policies leading to unfair distribution of resources and failure to create conditions for all people to prosper and have the best opportunity to live healthy lives.
- The evidence presented at this conference has shown how not taking action to tackle inequalities caused by alcohol produces costs that reach far beyond the health sector. It undermines the current development potential of individuals, communities and states.

- Achieving the health and wellbeing potential of all Europeans needs a stronger focus on accelerating improvements in those who are falling behind. Our universal approaches are important because their benefit will be greater for the most disadvantaged. We need actions to keep people healthy and ensure our health systems keep being sustainable.
- The attributable harm from alcohol consumption could be reduced, if interventions are initiated, which have proven to be effective and enforceable in current political environments. Both, upstream policies and downstream interventions need to be applied. Upstream policies can modify the course of an alcohol-related epidemic and downstream interventions relieve suffering for individuals and families.
- Information and awareness campaigns are important for reasons which extend beyond individual direct behaviour change. Campaigns should aim to change perceptions and beliefs about alcohol, denormalize its use and build support for regulation.
- Every Member State needs to develop and implement an alcohol strategy or include harmful alcohol use with its health, social and economic consequences in a broader context of targeting Non Communicable Diseases (NCDs).
- The national and regional governments should take the lead in enforcing of alcohol laws (especially regarding age limits and over serving) and developing alcohol policies to restrict availability generally and in particular to young people.
- National governments and international bodies should prioritise population-level measures that focus on the WHO's three "best buys" – increasing the price of alcohol, reducing its physical availability and restricting its marketing – and on effective strategies in all 10 action areas of the European action plan to reduce the harmful use of alcohol 2012–2020.
- To see real success Alcohol policies across Europe should be informed and underpinned by a coherent policy framework, that prioritizes 'Alcohol in all policies' and inter-sectoral approach.
- For David to defeat Goliath effective NGO partnerships are more essential than ever.
- Networking and international cooperation between countries, health and research institutions and NGOs and sharing of good practice are important for successful and faster developments of alcohol policy at all levels.

Eurocare would especially like to thank the Slovenian Health Ministry by Vesna-Kerstin Petric, in addition to the National Institute of Public Health, Slovenia and Alcohol Policy Youth Network by Jan Peloza for their support and contribution to making the conference a success.

ALCOHOL MARKETING – Make AVMSD healthy

The Audio-visual media service directive (AVMSD) is currently open for review. A new legislative proposal amending the AVMSD was adopted by the European Commission on 25 May 2016. The European Commission organised a public consultation to seek the views of all interested parties on how to make Europe's audio-visual media landscape fit for purpose in the digital age. The consultation took place from July to September 2015. For more information about the REFIT Evaluation and Impact Assessment of the EU Audio-visual Media Services Directive 2010/13/EU (AVMSD) – see <https://ec.europa.eu/digital-single-market/en/audiovisual-media-services-directive-avmsd>.

The European Alcohol Policy Alliance (Eurocare) welcomes the revision of the current Directive and hopes that it will result in a better framework for minimising the adverse impact of alcohol commercial communication especially on young people.

Eurocare participated in the hearing organised by the CULT rapporteurs in the European Parliament in June. Eurocare acknowledges some positive developments in terms of the language used by the European Commission's proposed text for AVMSD (COM (2016)0287), namely the notion of exposure to alcohol marketing. However, European Commission's proposal, presented in May 2016, encourages mainly self-regulation.

European Alcohol Policy Alliance strongly believes that a number of enhancements can and should be made to the current proposal in order to ensure that it regulates better commercial communication of alcoholic beverages. Eurocare has been working in collaboration with a number of European NGOs calling for:

Minimise exposure of health-harmful marketing to youth:

Mandatory measures are needed to minimise exposure of health-harmful marketing to youth, regardless of whether the advertising is directly aimed at them or not. Measures should cover television, on-demand services and online video-sharing platforms and include an EU- (e.g. between 6:00 and 23:00). Due to their very nature, self-regulation and voluntary commitments to date have failed to solve important health challenges.

Exclude alcohol and HFSS food from product placement and sponsorship

Product placement and sponsorship of alcoholic beverages and HFSS food are effective marketing techniques. Product placement and sponsorship for these products should be subject to the same provisions currently governing tobacco and medicinal products.

Ensure that Member States can effectively limit broadcasts from other countries on public health grounds

The efforts of frontrunner governments to reduce the negative health effects of alcohol and HFSS foods marketing may not be undermined by broadcasters established in other countries. The European Commission proposal to this effect should be supported.

SCOTLAND RECEIVES THE EUROPEAN AWARD FOR REDUCING ALCOHOL HARM (EARAH)

The first European Award for Reducing Alcohol Harm Award is awarded to the Scottish Government in recognition of its actions to develop and implement a comprehensive range of evidence-based alcohol policies, and specifically its battle to implement Minimum Unit Pricing, in the face of sustained opposition by global alcohol producers. Scotland is recognised as an international beacon for evidence-based alcohol policies, making the improvement of the health of its population a top priority.



The award was announced at the 7th European Alcohol Policy Conference in Slovenia, attended by health ministers, scientists and public health officials from across the European Union.

Aileen Campbell, Minister for Public Health and Sport, said: *"It's a huge honour that Scotland has been given this award in recognition of our*

work to reduce the damage caused by alcohol. This award is a tribute to all the people in Scotland who work with those affected by alcohol. The Scottish Government has over 40 measures designed to reduce alcohol-related harm. We have legislated to end multi-buy discounts and the irresponsible promotion of alcohol products, introduced a nationwide programme of alcohol brief interventions and lowered the drink drive limit. We've also invested significantly in specialist treatment and care services to help those with alcohol problems.

We remain absolutely committed to introduce minimum unit pricing as soon as possible. Of course I was deeply disappointed that this life-saving policy has been further delayed by another legal challenge from the Scotch Whisky Association last week. However, the policy has been ruled lawful twice in the Scottish courts and I am confident the Supreme Court will come to the same conclusion if this latest appeal proceeds.

Alcohol misuse is costing Scotland £3.6 billion a year and it kills around 22 people a week. So we will continue our work to reduce this harm, and will shortly be publishing a refreshed alcohol strategy for Scotland to build on the progress so far."

COMMUNICATION

REPORTS AND PAPERS 2016

January: Meeting report from Public health community Strategic Planning Days for European Alcohol Policy

January: Comments to mid-term evaluation of the 3rd Health Programme 2014 – 2020 DG Sante, European Commission

February: Consumer survey on communication of alcohol associated risks, RARHA WP 5

March: Input on WHO Europe Strategy on women's health in the EHO European Region 2017 – 2021

March: OECD consultation towards an OECD Strategy response to the Sustainable Development goals

March: CAP fitness Check – co-signing letter President Juncker

May: Comments working document Committee of the Region – Opinion – the need and way forward towards and EU Strategy on alcohol related issues.

May: Civil Society Statement on WHO's proposed framework of engagement with non-state actors (FENSA)

June: Eurocare input to Trade SIA on the TTIP – draft interim report

June: Revision of the audio-visual media service directive – summary comments to the EP CULT Hearing

August: Eurocare response to WHO Global NCD Action Plan 2013 – 2020

November: European Report on Alcohol Policy, A review 2016

IN 2016 EUROCARE ISSUED THE FOLLOWING PRESS RELEASES

7th January: ECJ passes the buck to Scotland to tackle Europe's alcohol problem

14th June: Formula One puts Heineken in the driving seat F1 glorifies new sponsorship deal with drinks industry.

DISSEMINATION

Issued **8 newsletters** which were sent to around **1800 contacts**

Tweeted **50 times per month** and had over **1450 followers**

On **Facebook** Eurocare places on average 35 posts per month and reached close to **650 likes**.

FINANCES

The European Alcohol Policy Alliance is dependent on receiving financial resources from its members and governmental support. Membership fees are low and more contributions are needed if the Secretariat is to have a leading role in developing alcohol policy at EU level. In 2016 Eurocare has received funding for participating in two EU projects; RARHA – Joint Action with Member States to prevent and reduce alcohol related harm and Let it hAPYN – Alcohol Policy Youth Network is the leading partner.

Eurocare is dependent on receiving substantial support from Actis Rusfeltets samarbeidsorgan and IOGT-NTO also in the future. SHAAP has from mid-2013 supported the Secretariat with manpower, focusing especially on engaging health professions to work on the prevention and reduction of alcohol related harm.

Travel and accommodation costs involved in the Board meetings are covered by the Board members themselves, with the exception of those who come from member organisations with very limited resources.

Europe against Drugs (EURAD) secretariat is hosted by Eurocare and fully funded by Actis Rusfeltets samarbeidsorgan. For administrative reasons they are included in the Eurocare accounts.

Eurocare	2016
Income	
Grants	249.375,01
Other income	77.437,80
Financial income	65,12
Results of the year/loss	
TOTAL	326.877,93
Expenditure	
Meetings and conferences	34.309,04
Rental utilities and building costs	32.567,11
Maintenance	8.615,37
Administrative expenses	12.565,90
Equipment and communication	6.465,84
Consultancies and external services	7.425,99
Salary costs and social charges	236.460,55
Depreciations	271,89
Financial costs	273,46
TOTAL	338.955,15
RESULT OF THE YEAR	-12.077,22

EUROCARE MEMBERS 2016

Belgium	Vereniging voor Alcohol-en Andere Drugproblemen vzw (VAD)
Bulgaria	Foundation Horizonti 21
Czech Republic	Centrum Alma
Denmark	Alcohol and Society Central Denmark Region, Alcohol and Traffic Secretariat IOGT Denmark NGO Fontana
Estonia	Estonian Temperance Union
Finland	Finnish Association for Substance Abuse Prevention
France	Association National de Prevention en Alcoologie et Addictologie (ANPAA)
Germany	Deutsche Haputstelle fur Suchtfragen (DHS), Deutsche Guttempler IOGT e.V
Greece	Oasis
Hungary	Centre for Healthy Hungary
Ireland	Alcohol Action Ireland North West Alcohol Forum Dothain
Italy	A.I.C.A.T (Associazione Italiana Club Alcolisti in Trattamento) Eurocare, Italy Associazione Aliseo ONLUS Gruppa Logos – Onlus
Lithuania	Agapao Lithuanian National Tobacco and Alcohol Control Coalition
Netherlands	STAP, Stichting Alcoholpreventie
Norway	Actis – Policy Network on Alcohol and Drugs IOGT Norway Frelsesarmeens Rusomsorg (Salvation Army Av og Til NEW 2016
Poland	The State Agency for Prevention of Alcohol related problems (PARPA) The Polish IOGT Foundation Krajowa Rada MONAR
Portugal	Centro de Alcoplogia Nova Rumo

	Sciedade Anti-Alcodlica Portuguesa (SAAP)
Russia	Centro de Alcoologia Ricardo Pampuri Foundation Union Society
Slovenia	UTRIP
Spain	Foundacion Salud yComunidad Asociacion de Ex-Alcoholicos Espanoles Scidrogalcohol Associacio RAUXA Federacio Catalana D'Alcoholics Rehabilitats (FARC)
Switzerland	Addiction – Info Switzerland
Sweden	IOGT-NTO Swedish Council on Alcohol and Drugs MHF
Turkey	Turkish Green Crescent Society Turkish Alcohol Platform NEW 2016
United Kingdom	Institute of Alcohol Studies Alcohol Concern Alcohol Focus Scotland Alcohol Health Network Balance, North East Alcohol Office Scottish Health Action on Alcohol Problems (SHAAP)
International	ACTIVE - Sobriety, Friendship and Peace Alcohol Policy Youth Network Blue Cross International EUFASD, European European Association for the Study of the Liver (EASL) NordAN (Nordic Alcohol and Drugs Policy Network) EMNA (European Mutual Help Network for alcohol related problems)